# PROPERTY & CASUALTY INSURERS

COMPANY NAME:		NAIC Company Code:
Contact:		Telephone & Email
REQUIRED FILINGS IN THE STATE OF:	UTAH	Filings Made During the Year 2013

(1)	(2)	(3)		(4)		(5)	(6)	(7)
Check-	Line		NUMBER OF COPIES*			FORM	APPLICABLE	
list	#	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS		FO		2/1	NATO	ABEEGHIIVI
	1	Annual Statement (8 ½" x 14")	1	EO	XXX	3/1	NAIC	A,B,E,F,G,H,I,J,K,L, M
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	Xxx	3/1	NAIC	A,B,E,F,J,K,M
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	Xxx	5/15, 8/15,	NAIC	A,B,E,F,G,H,I,J,K,L
	_	( , , , , , , , , , , , , , , , , , , ,				11/15		
	3	Protected Cell Annual Statement	1	0	XXX	3/1	NAIC	A,B,E,F,G,H,I,J,K,M
	4	Combined Annual Statement (8 ½" x 14")	1	EO	XXX	5/1	NAIC	G, H, & L
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	11	Actuarial Opinion	1	EO	XXX	3/1	Company	A,B,E,F,G,I,J,K
	12	Actuarial Opinion Summary	1	N/A	XXX	3/15	Company	A,B,E,F,J,I,P
	13	Bail Bond Supplement	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	14	Combined Insurance Expense Exhibit	l	EO	XXX	5/1 4/1	NAIC	A,B,E,F,J,K,M
	15	Credit Insurance Experience Exhibit	1	EO	XXX		NAIC	A,B,E,F,J,K,M
	16	Director and Officer Insurance Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E,F,J,K,M
	17	Exceptions to Reinsurance Attestation Supplement	1	N/A	XXX	3/1	Company	A,B,E,F,J,K,M
-	18	Financial Guaranty Insurance Exhibit	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	20	Health Care Exhibit (1 arts 1, 2 and 3) Supplement  Health Care Exhibit's Allocation Report Supplement	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	21	Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	22	Insurance Expense Exhibit	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	23	Long-Term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	24	Management Discussion & Analysis	1	EO	XXX	4/1	Company	A,B,E,F,J,K
	25	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	26	Medicare Part D Coverage Supplement	1	EO	XXX	3/1, 5/15,	NAIC	A,B,E,F,J,K,M
						8/15, 11/15		
	27	Premiums Attributed to Protected Cells Exhibit	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	28	Reinsurance Attestation Supplement	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
	29	Reinsurance Summary Supplemental	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	30	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	31	Schedule SIS	1	N/A	N/A	3/1	NAIC	A,B,E,F,J,K,M
	32	Supplement A to Schedule T	1	EO	XXX	3/1, 5/15,	NAIC	A,B,E,F,J,K,M
						8/15, 11/15		
	33	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	A,B,E,F,J,K,P
	34	Trusteed Surplus Statement	1	EO	XXX	3/1, 5/15,	NAIC	A,B,E,F,J,K,M
	-					8/15, 11/15		
	<del>                                     </del>	III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	51	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	54	Combined Annual Statement Electronic Filing	XXX	EO	XXX	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	XXX	EO	XXX	5/1	NAIC	
	56	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	57	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15,	NAIC	
	<u> </u>			<u> </u>		11/15		
	59	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15,	NAIC	
	ļ					11/15		
	60	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
		W. ATDIEWNIEDNIA GOVERNO STATE				-	-	
		IV. AUDIT/INTERNAL CONTROL RELATED		]				
	71	REPORTS  Accountants Letter of Outlifestions	1	EO	NT / A	6/1	Come	A,B,E,F,J,N
-	72	Accountants Letter of Qualifications Audited Financial Reports	1	EO EO	N/A N/A	6/1 6/1	Company Company	A,B,E,F,J,N A,B,E,F,J,K,N
-	73	Audited Financial Reports Audited Financial Reports Exemption Affidavit	2	N/A	N/A N/A	0/1		A,B,E,F,J,K,N A,B,J,N
-	74	Communication of Internal Control Related Matters		IN/A	IN/A	+	Company	A,B,E,F,J,K,M,N
	/4	Noted in Audit	2	N/A	N/A	8/1	Company	2 3,12,12,17,J,13,1VI,1N
	1	HORSE III AUGIL	4	1 N/ /A	11/11	0/ 1	Company	I

	75	Independent CPA (change)	2	N/A	N/A	Within 5 business	Company	A,B,E,F,N
						days of		
						change		
	76	Management's Report of Internal Control Over						A,B,E,F,J,K,N
		Financial Reporting	2	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	2	N/A	N/A	Within 5 business days of receipt	Company	A,B,E,N
	78	Request for Exemption to File	2	N/A	N/A		Company	A,B,J,N
	79	Request to File Consolidated Audited Annual Statements	2	N/A	N/A		Company	A,B,E,N
	80	Relief from the five-year rotation requirement for						A,B,E,N
		lead audit partner	1	EO	N/A	3/1	Company	
	81	Relief from the one-year cooling off period for						A,B,E,N
		independent CPA	1	EO	N/A	3/1	Company	
	82	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	A,B,E,N
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	0		State	
	102	Certificate of Deposit	0	0	0		State	
	103	Filings Checklist (with Column 1 completed)	1	0	0	3/1	State	
•	104	Premium tax (Separate Filing Address)	1	0	1	3/31	State	D
	105	Certificate of Renewal Fees (i.e., State Filing Fees)	1	0	1	1/31	State	С
	106	Signed Jurat	XXX	0	XXX	3/1	NAIC	L
	107	Utah Accident and Health Survey	1	0	1	4/1	State	0
	108	Holding Company Registration Form B &C	2	0	N/A	5/1	State	A,B,E,F,J,Q

<sup>\*</sup>If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).
\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required <u>Filings</u> Contact Person:	Dan Applegarth (801) 538-9509 dapplegarth@utah.gov
	Contact Information for Questions Concerning Company Licensing:	Eric Showgren (801) 537-9174 eshowgren@utah.gov
В	Mailing Address:	Utah Insurance Department State Office Building, Suite 3110 Salt Lake City, Utah 84114-6901
С	Certificate of Renewal Fees (i.e., State Filing Fees):	Invoices will be sent out by the Department for the relevant filing fees. Questions regarding these invoices should be directed to the Company Licensing Person in A above.
D	Mailing Address for Premium Tax Payments:	Utah State Tax Commission 210 North 1950 West Salt Lake City, Utah 84134
	Contact Information for Questions Concerning Premium Taxes:	For questions concerning Utah's premium tax, please contact:  Kyle Boyer (801) 297-4637 kboyer@utah.gov
Е	Delivery Instructions:	All <b>hardcopy</b> filings must be postmarked no later than the indicated due date. If the due date falls on a weekend

		or holiday, then the deadline is extended to the next
F	Late Filings:	business day.  Foreign company electronic filings will be deemed filed based on the date received by the NAIC. Domestic hardcopy filings will be deemed filed based on the postmark date. Any actions concerning late filings will be taken in accordance with Utah Administrative Code § R590-147-5(3) and Utah Code Annotated § 31A-2-308.
G	Original Signatures:	When signatures are required by the NAIC Annual Statement Instructions, originals are required from domestic insurers. Original signatures are not required of foreign companies unless specifically requested. Rather foreign companies should follow the guidance provided in the NAIC Annual Statement Instructions.
Н	Signature/Notarization/Certification:	For domestic insurers only, two of the three principal officers specified by a company's articles of incorporation are required to sign those filings for which NAIC Instructions require principal officers' signatures. All other signatures shall be done in accordance with NAIC requirements. Notarizations and Certifications shall be performed when required by NAIC instructions. Foreign companies are to follow the guidance of the domiciliary regulator and provide evidence of compliance only upon request.
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, the same should be followed for any amendment. This guidance applies to domestic companies only. Foreign entities should follow the guidance of their domiciliary regulator.
J	Extensions to normal due dates:  Note: Extensions do not apply to premium taxes and fees	Requests by foreign companies for extensions for a period of 30 days or less beyond the regular due date are not be required to be sent in providing the domiciliary state has granted the extension and notified the NAIC. Extensions beyond 30 days will require a written request prior to expiration of the initial 30 day period, and evidence of domiciliary approval. Domestic companies should apply for extensions at least 30 days prior to the regular due date.
K	Bar Codes (State or NAIC):	Not Required.
L	Signed Jurat Page:	For domestic insurers only, two of the three principal officers specified by a company's articles of incorporation are required to sign. Notarizations and Certifications are also required. Foreign companies are to follow the guidance of the domiciliary regulator and provide evidence of compliance only upon request.
M	"NONE" Filings:	Filings which state "NONE" across them are not to be filed unless required by the NAIC Annual/Quarterly Statement Instructions.
N	Foreign Filing Requirements:	All foreign companies and accredited reinsurers that file their NAIC annual statement blank, annual audited financial reports, quarterly financial statements and any supplements related to these documents with the NAIC are exempt from filing a hard copy of these items with the Department. These items should be submitted to the NAIC via electronic media in accordance with the due dates established by the NAIC.
0	Utah Accident & Health Survey:	All insurers who have accident & health business in Utah

		are required to file this survey (see <a href="https://www.insurance.utah.gov/agent/insurers/AHSurvey">https://www.insurance.utah.gov/agent/insurers/AHSurvey</a> Instructions.php for more information). Further questions concerning the survey should be directed towards:
		Marilyn Thorstensen (801) 538-3241 <u>uid.healthresearch@utah.gov</u> .
P	Actuarial Opinion Summary & Supplemental Compensation Exhibit:	These filings are required from all domestics. A company wishing to have this information therein treated as "confidential" should consult the Utah Governmental Records Access and Management Act, Title 63G, Chapter 2, and especially Subsections 63G-2-305(1) and 63G-2-305(2), for possible applicability.
Q	Holding Company Filings	The Form B filing is required on an annual basis from all domestics subject to the Holding Company statutes. In accordance with Utah Code Annotated § 31A-16-109 this form is deemed a confidential filing. Please refer to the attachment of Utah Administrative Code § R590-70 for guidance on the format this filing should take.

# **General Instructions For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

## Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

## Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

#### Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The Risk -Based Capital .PDF Filing is the .pdf file for risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The *Supplemental .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The Quarterly Statement Electronic Filing includes the complete quarterly statement data.

The Quarterly Statement .PDF Filing is the .pdf file for quarterly statement data.

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement .PDF Filing* is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The June .PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

#### Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

#### Column (5) (Due Date)

Indicates the date on which the company must file the form.

# Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

#### Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.